United Nations E/ICEF/2001/P/L.4/Add.1

Economic and Social Council

Distr.: Limited
5 October 2001

Original: English

For action

United Nations Children's Fund
Executive Board
Second regular session 2001
10-14 December 2001
Item 5 of the provisional agenda*

Country programme recommendation**

Malawi

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Malawi for the period 2002 to 2006 in the amount of $23,755,000 from regular resources, subject to the availability of funds, and $35,120,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

01-56666 (E) 301001

Contents

		Page
	The situation of children and women	3
	Programme cooperation, 1997-2001	3
	Recommended programme cooperation, 2002-2006	5

List of tables

1.	Basic statistics on children and women	15
2.	Expenditure under previous cooperation period, 1997-2001	17
3.	Planned yearly expenditures	18
4.	Linkage of programme budget and staffing/staff costs	19

The situation of children and women

1. The analysis of the situation of children and women in Malawi remains the same as described in the country note presented to the Executive Board as its first regular session of 2001 (E/ICEF/2001/P/L.4), with the exception of new statistical data, which have become available with the preliminary results of the Demographic Health Survey (DHS) 2000. The latter data source shows a significant drop in infant and under-five mortality of 19 and 22 per cent, respectively, from 1992 to 2000. These rates remain high at 104 and 189 per 1,000 live births, respectively. The reduction in child mortality rates may be attributed partly to the high level of immunization coverage sustained at 80 per cent over the last decade. The DHS 2000 also indicates a small reduction in the fertility rate from 6.7 in 1992 to 6.3 in 2000.

2. The recent floods in Malawi highlighted the need for emergency preparedness and responsiveness to be fully incorporated into programming. The World Food Programme (WFP), the chair of the United Nations theme group on Disaster Management, conducts periodic vulnerability assessments, which include a contingency plan. The latter guides, within the United Nations Development Assistance Framework (UNDAF), a package of coordinated emergency prevention and response intervention for United Nations agencies' respective country programmes.

Programme cooperation, 1997-2001

3. The 1997-2001 country programme (E/ICEF/1996/P/L.3/Add.1) has contributed to the development of national policies consistent with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. In particular, it has facilitated the development of a policy on the prevention of mother-to-child transmission (MTCT) of HIV/AIDS, which promotes access to voluntary testing and counselling (VTC) for all pregnant women and appropriate infant feeding options for HIV-positive mothers. An early child care and development (ECCD) policy has also been developed which promotes key family practices for the prevention and management of childhood diseases, psychosocial care and stimulation. With regard to orphans, the policy formulated stresses a community role and action rather than institutionalization to ensure maximum impact and sustainability, and avoid a "welfare and charity" approach and stigmatization.

4. The programme supported national strategies towards decentralization, poverty reduction and the formulation and implementation of the AID Coordination group "Agenda for Action" in Malawi. This was guided by UNDAF. In particular, UNICEF played a substantive role in the development of sector investment programmes/sector-wide approaches (SIPs/SWAPs) in health, education and agriculture/household food security/nutrition. This involved active contributions to the United Nations theme groups, stakeholders, and technical working and coordination groups. An achievement of this process is the education sector Policy Investment Framework (PIF). Developed jointly by all stakeholders, the PIF identifies priority areas for the education sector, and due to UNICEF/United Nations Population Fund (UNFPA) advocacy, it mainstreams life skills into the primary school curriculum. Another achievement is the formulation of an essential health care package (EHCP), which includes the prevention of MTCT and VTC. UNICEF currently co-chairs the Government of Malawi/Stakeholders SWAP Subcommittee

of EHCP. The United Nations Coordination Team (UNCT) coordinated the input to the design of the SIPs/SWAPs and facilitated the role of UNICEF in the Poverty Reduction Strategy Paper (PRSP), currently under preparation. In particular, UNICEF advocated for "poverty reduction to begin with children" through universal access to basic social services. A major result is that the environmental health project (EHP) will be included in the PRSP.

5. UNDAF improved the context for collaborative programming with other United Nations agencies, particularly on HIV/AIDS life skills promotion for young people; household food security/nutrition; and strategy for the development for disaster preparedness and mitigation. UNCT provided assistance for the formulation of the HIV/AIDS National Strategic Framework, and developed a proposal on community Integrated Management of Childhood Illness (IMCI) and VTC, which received financial contribution from the United Nations Foundation for International Partnership.

6. The country programme provided substantial technical assistance for the operationalization of the human rights-based approach to programming (HRAP) and community capacity development (CCD). This was done through orientation and capacity-building of a broad range of right holders and duty bearers on the concerned principles. In particular, this process intensified country programme interventions against HIV/AIDS, malaria prevention and control, and ECCD.

7. The youth and education programme enabled the development of a comprehensive basic education package. This package emphasized community participation to improve learning conditions; created a friendly and gender-sensitive learning environment; enhanced the quality and relevance of teaching and learning; and strengthened school management. UNICEF provided financial and technical assistance for the establishment of community schools and school committees; the management information system; and the provision of furniture, textbooks and educational supplies. Through "Keeping Kids in School" and "Closing the Gender Gap" projects, 65 community schools were established, with a total enrolment of 80,000 children and with equal participation of girls and boys. As part of a broad strategy to impart knowledge, skills and attitudes that empower young people to respond to the HIV/AIDS threat, a life skills curricula was developed for standards 1 to 4 of primary education. In addition, a network of over 3,200 in-school clubs, 700 out-of-school Anti-AIDS clubs and 70 youth non-governmental organizations (NGOs) were established in all 27 districts of the country.

8. In the health sector, significant results were attained due to close coordination between UNICEF and the Ministry of Health and Population within the UNDAF framework (the World Health Organization (WHO), UNFPA, WFP, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the Food and Agriculture Organization of the United Nations (FAO). Key results were sustained immunization coverage over 80 per cent; the integration of vitamin A supplementation in basic health services; and successful interventions towards measles control. This has resulted in improved intake of micronutrients, particularly vitamin A and iodine. Vitamin A supplementation for children under five years old reached 100 per cent due to the combination of vitamin supplementation with National Immunization Days in 1998-1999. The proportion of households using iodized salt is now over 60 per cent compared to a negligible proportion at the beginning of the country programme. No cases of polio have been confirmed since 1992, and mortality caused by measles has dropped significantly. Joint mutual health organizations/UNICEF/WHO routine field monitoring visits and reviews show that

the introduction of IMCI in 80 per cent of health facilities in five districts has proved to be an effective strategy to build the skills of health workers in diagnosis and treatment of illnesses. Due to the successful advocacy by UNICEF, malaria is now included in the National Strategic Health Plan, and a national plan on the prevention of MTCT of HIV/AIDS was recently formulated.

9. In water and environmental sanitation (WES), the use of appropriate low- cost technologies and participatory methods of promoting hygiene and sanitation has increased coverage for water supply and improved sanitation. By contributing one water point to 50 families, managed by a community WES committee, over 250 people in the community are reached. About 400 communities have been able to sustain community-based maintenance of handpumps and boreholes with less than 5 per cent breakdown of their water supply facilities.

Lessons learned from past cooperation

10. Lessons learned remain essentially the same as outlined in the country note. A main lesson of the past cooperation is that UNDAF provides an effective mechanism to increase collaboration and synergy of United Nations team efforts. Within this framework, the comparative advantage of UNICEF lies in its ability to build national partnerships, contribute to policy development and advocacy, and operationalize HRAP.

Recommended programme cooperation, 2002-2006

Regular resources: $23,755,000

Other resources: $35,120,000

Recommended programme cooperation[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Social policy, advocacy and communication	3 200	3 080	6 280
Basic education	4 650	7 940	12 590
Early child care and support to families affected by HIV/AIDS	3 250	4 000	7 250
Health	6 900	14 960	21 860
Water and environmental sanitation	3 050	3 480	6 530
Cross-sectoral costs	2 705	1 660	4 365
Total	**23 755**	**35 120**	**58 875**

[a] The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

11. The country programme was formulated through a broad process of participation using HRAP, which includes the principles of universality, indivisibility, interdependence and non-discrimination. The process began with an orientation on the approach with partners among government counterparts, NGOs (Save the Children Alliance), local human right advocates (Eye of Child and Centre for Youth and Children Affairs), parliamentarians and chiefs. This training was used to plan for a human rights-based situation analysis under the oversight of the Government of Malawi/UNICEF Coordinating Committee, co-chaired by the Ministry of Finance and UNICEF. Field research with children, communities and youth completed the process to reflect as many of the views as possible and to ensure input from all stakeholders. Through a process of compiling the situation analysis, which built on the Common Country Assessment (CCA) and UNDAF process, key issues were identified, and the role and capacity of duty bearers analysed. This analysis highlighted capacity gaps and strengths of duty bearers, in particular those related to knowledge, responsibilities, authority and resources. Some of the key determinants in the non-fulfilment of the rights of children and women include: widespread poverty; low status of children and women; early sexual activity, leading to early pregnancies and marriage; harmful traditional practices; the culture of silence around HIV/AIDS; continuous discrimination of girls in schools and homes; inadequate opportunities for early learning; and poor child caring practices and nutrition. Major capacity gaps identified at family, community, district and national levels include a lack of financial resources; low acceptance of responsibilities to fulfil child rights or address violations of rights; inadequate life skills; and weak planning, management and coordination among duty bearers at various levels.

12. The analysis also informed choices and strategies for the 2002-2006 country programme with the aim of strengthening the capacity of duty bearers and empowering rights holders. Key strategies and programme components were formulated during a strategy meeting chaired by the Deputy Minister of Finance. It was attended by a broad range of duty bearers, including senior government officials; the Norwegian Agency for International Development (NORAD); the Department for International Development (DfID) (United Kingdom); the United States Agency for International Development (USAID); the Danish International Development Agency (DANIDA); the Canadian International Development Agency (CIDA); the World Bank; United Nations agencies; and a wide range of civil society representatives, including Save the Children (United Kingdom and United States), Plan International, local human rights NGOs, and religious and community leaders.

13. Programme sectors subsequently developed logical frameworks using the HRAP/CCD approach to articulate the strategic intent of organizational priorities and to ensure adequate linkages with sectoral programmes. This was used by working groups to develop sector programmes and the master plan of operations that were endorsed at a stakeholder's review meeting chaired by the Ministry of Finance and Economic Planning.

Country programme goals and objectives

14. The goal of the country programme is to improve the situation of children and women to fulfil their rights as articulated in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against

Women. The objectives of the country programme are to: (a) create a conducive environment to realize the rights of children and women to survival, development, protection and participation; (b) reduce HIV/AIDS transmission, especially among children and young people, and mitigate its impact on vulnerable groups; (c) strengthen the capacity of various duty bearers to meet their obligations to children in order to reduce child and maternal morbidity and mortality; (d) contribute to the establishment of effective SIPs/SWAPs, and the formulation and implementation of the PRSP; and (e) strengthen national capacity in programme monitoring and evaluation, and promote the use of data for strengthening programmes focusing on children, women and adolescents.

Relation to national and international priorities

15. The country programme is a synthesis of organizational and national priorities as expressed in various government documents such as the "Vision 20/20", the National Health Strategic Plan; the HIV/AIDS Strategic Plan, the Medium-Term Expenditure Framework, the working documents on health and education SIPs/SWAPs, and the PRSP. The above documents stress the country agenda to fight poverty and HIV/AIDS, and promote human rights. Poverty, HIV/AIDS, governance, human rights and gender are priorities of concern in the country programme, and they were also identified as priorities in UNDAF and the national development agenda. Using HRAP/CCD approaches, the country cycle aims to contain the rate of HIV/AIDS among young people and to mitigate the impact of the disease on families and communities. The programme seeks to contribute to poverty eradication through support to universal access to basic social services in the context of the SIP/SWAP in education and to community schools services; and in health, to assist in the formulation of the EHP, and access to WES services. The country programme process reflects the content of the current versions of the United Nations General Assembly Special Session on Children outcome document and the UNICEF medium-term strategic plan. Hence, the various objectives and strategies were formulated to accelerate actions on early child development, universal quality education specifically for girls, adolescent participation, and protection against abuse and exploitation, particularly among girls.

Programme strategy

16. The country programme will use a mix of strategies that remain the same as described in the country note, with the exception of the inclusion of emergency preparedness and contingency planning. This strategy will ensure risk assessment as an ongoing activity in the different sectors, and in close collaboration with WFP and FAO, using their vulnerability mapping system. The programme will identify critical areas to provide a package of interventions that need to be carried out in case of a disaster. With WFP leading the disaster preparedness group, the potential list of suppliers in-country will monitor their stock levels during the pre-farming season, the rainy farming season and the post- harvest period. In collaboration with other United Nations agencies, and under the UNDAF contingency plan, UNICEF will provide adequate and timely support to children and women in partnership with NGOs with adequate experience. A partnership work arrangement will be established with civil society organizations (CSOs) such as the Malawi Red Cross Society, World Vision, Evangelical Lutheran Development Agency, and the Churches Action for Relief and Development.

17. The country programme is comprised of five programmes, two of which are cross-cutting and three of which are sectoral in nature All sectoral programmes will converge in eight focus districts (Kasungu, Mwanza, Mzimba, Lilongwe, Blantyre, Mchinji, Likoma and Chitipa) identified on the basis of previous experiences, population, socio-indicators and the presence and/level of support by partners. The programme seeks to scale up the interventions carried out on a pilot basis in the past cycle, including malaria control and IMCI. Interventions with national coverage include immunization, malaria control, IMCI, orphan care and support to families affected by HIV/AIDS, improving the quality of primary education and youth participation. Advocacy and policy development activities and support to SWAPs have a national emphasis. Interventions limited to selected districts are the prevention of MTCT; access to VTC services; and access to water supply, hygiene and sanitation in schools.

18. **Social policy, advocacy and communication**. The overall goal of this programme is to support national and multisectoral efforts towards the progressive realization of the rights of children and women. The objectives of the programme are to: (a) improve the political and legal framework for the realization of the rights of women and children; (b) strengthen the campaign to break the culture of silence on HIV/AIDS as a national emergency; (c) assist civil society and the Government to implement sustainable community-based interventions for the prevention of child rights violations; (d) improve the management of data for policy formulation and programme design and implementation, and monitor and evaluate the impact of UNICEF-assisted programmes; and (e) develop and implement a research-based communication strategy to influence attitudes to contribute to the fulfilment, protection and respect for the rights of the children and women. The programme has four mutually reinforcing projects: social policy and advocacy; child protection; monitoring and evaluation; and external relations.

19. The programme will have four strategies. The first, advocacy and social mobilization, will (a) promote the generation and use of data to create awareness among stakeholders, including opinion and policy makers, donors and CSOs at national, district and community levels; (b) enhance commitment to the rights of children and women; and (c) foster improvements in social policy and legal reform, including vital registration, orphan policy, ratification of the International Code of Marketing of Breast Milk Substitutes, and children in need of special protection (street children, child labour, juvenile justice, and child abuse and exploitation). The communication strategy will strengthen communication channels and build progressive commitment to participatory programming approaches; and influence values, attitudes and practices, with particular attention to HIV/AIDS and gender. The capacity development strategy will empower duty bearers and rights holders to manage development processes; and strengthen interactive decision-making processes of assessment, analysis and action (triple A) at all levels of society. Emphasis will be placed on life skills, participation and the ability to act. The partnership strategy will (a) create a common vision and goals on priority issues, and enable reciprocal exchange and support for collaborative interventions in the context of the Global Movement for Children; and (b) foster alliances with Government, CSOs (Human Rights Commission and its Child Rights Unit, and Parliamentary Committee on Children and Women), NGOs (Save the Children Alliance, Plan International), academic and research institutions (National Statistics Office, Centre for Social Research) and donors to expand awareness on children's issues.

20. **Basic education**. The programme objectives are to: (a) strengthen the capacity of communities to prevent, monitor and report abuse of children, especially of girls; (b) improve the quality of education in schools so that all learning environments are effective, healthy, gender-sensitive and enable children to attain desired levels of achievement; (c) ensure that primary school children and adolescents acquire basic education on HIV/AIDS and life skills to enable them to make informed choices; (d) support capacity development at national and district levels for sector policy development and sector-wide planning, monitoring and evaluation; and (e) strengthen national capacities in the area of programme monitoring and evaluation, and promote the use of data for strengthening programmes focusing on women, children and adolescents.

21. The programme will use four strategies. Service delivery will provide essential teaching/learning materials, facilitate the development of HIV/AIDS education materials, and promote community schools and the provision of basic water and sanitary facilities in collaboration with the WES programme. Capacity development will enhance planning, management, supervision and monitoring through the provision of technical, financial and logistical support. Intersectoral linkages in programming for HIV/AIDS prevention, orphans, health, hygiene education and school sanitation will ensure a holistic approach. That strategy will be combined with social mobilization, communication and capacity- building to encourage communities and families to have greater involvement in school governance, girls' education, rights of orphans and mobilization on HIV/AIDS and sexuality. Lastly, partnership and collaboration will be strengthened with UNFPA, the United Nations Development Programme (UNDP) and DfID in areas of HIV/AIDS education and gender, and with Save the Children Alliance and Plan International, especially at the implementation stage.

22. Four projects constitute the basic education programme: (a) quality of primary education and HIV/AIDS prevention; (b) participation and retention of girls and disadvantaged children in primary education; (c) adolescent development and participation and rights of the girl child; and (d) support to education sector reform.

23. **Early child care (ECC) and support to families affected by HIV/AIDS**. This programme aims to: (a) improve the capacity of households and communities in the key family care practices, including health, nutrition and the psychosocial development of children during the first few years of life; (b) strengthen the capacity of families affected by HIV/AIDS to cope effectively with the impact of the epidemic and provide adequate care for orphans, pregnant and lactating women; (c) strengthen the capacity of government counterparts, NGOs, religious groups and community-based organizations (CBOs) to provide adequate care and support to orphans and families affected by HIV/AIDS; and (d) contribute to malnutrition reduction among children under five years old by 25 per cent.

24. The programme will use six strategies. CCD addresses human, economic and organizational gaps through "triple A" analysis; and the transfer of knowledge, skills and support in the areas of key child-care practices, including nutrition, health and psychosocial care. These practices will focus on working with community-based facilitators (health surveillance assistants and other extension workers) and mobilizers (chiefs, traditional birth attendants and village committee members for health, HIV/AIDS and CCD). This strategy will also facilitate gender education, focusing on household chores and child care for both men and women; in-school and out-of-school youth activities for and with girls; EEC; and community participation, especially with the involvement of women, children and families affected by

HIV/AIDS to develop ways to identify and provide assistance to families and children most in need.

25. The communication strategy will impart the relevant knowledge within the context of rural Malawi. A survey on early learning among women and caregivers in selected districts will be carried out with a focus on the caring and rearing practices of children from 0-3 years old. The survey results will inform strategies towards developing interventions to facilitate psychosocial stimulation from 0-3 years. The data obtained will complement that already available from household baseline study (2000).

26. The decentralization strategy will facilitate development of district and community plans of action for children, using participative methodology to ensure ownership. These plans will be informed by the frequent community meetings involving all stakeholders within the village, including children, and coordinated by the District Social Welfare Office. These sessions will be complemented with community dialogue sessions as an integral component of the nutrition and IMCI community capacity assessment. Animation teams will be trained to initiate community dialogues in the eight country programme focus districts.

27. A multisectoral approach will ensure that the three pillars of physical, psychological and psychosocial requirements of young child care and development are addressed in the family and community, by various government sectors at the district level, as well as by NGOs, CBOs and religious groups. Capacity-building will be oriented to family and community caregivers whose maintenance is a prerequisite for the healthy development of the child. Coordination with WFP and FAO facilitate assistance to vulnerable families for household food security and supplementary feeding. Income-generation activities will be carried out, with close monitoring, using partners with a comparative advantage in this field.

28. Advocacy and social mobilization, involving participatory focus group discussions in the communities, will provide a shared understanding of human rights, focusing on children's and women's rights. This will be undertaken in collaboration with human rights organizations such as the Human Rights Commission, women and child rights NGOs, and CBOs. It will also involve political figures, opinion leaders, drama and cultural groups, and church organizations. Men and boys in particular will be encouraged to take responsibility to give care and support to women to ensure survival, growth and development of their children, and to ensure women's participation in the allocation of household resources. Women and girls will be encouraged to know their rights and ensure that they get appropriate care and support from their households, families and communities to realize their rights.

29. The emergency preparedness and contingency planning strategy will ensure that the rights of children are protected in all emergency situations.

30. The programme has two projects: ECCD; and support to orphans and families affected by HIV/AIDS.

31. **Health**. This programme has the following objectives: (a) to contribute towards reducing the prevalence of HIV among young people by 40 per cent; (b) to provide at least 75 per cent of HIV/AIDS-infected women with effective treatment and care to reduce the incidence of MTCT of HIV; (c) to contribute to the implementation of health sector reforms, including the SWAP; (d) to eliminate or decrease the major killers in focus areas through the expanded programme on immunization (EPI), Roll Back Malaria programme and IMCI strategies; (e) to

strengthen and decentralize the health management information system in order to provide community-level data for ChildInfo; and (f) to strengthen district capacity to develop and utilize a maternal death auditing system.

32. Strategies include social mobilization, advocacy, service delivery, CCD and partnership-building. The primary thrust of the strategies are to involve young people as agents of change. Special attention will be paid to issues of gender by supporting the equal involvement of men and women in health activities to facilitate the development of mother-friendly communities. Advocacy efforts will continue towards ensuring high quality essential preventative, curative and promotional health services, including IMCI, VTC and the prevention of MTCT. The major strategy to deliver health services to children will be the promotion of IMCI at health facilities and at the community level, in collaboration with the ECC section. Service delivery through immunization, malaria prevention and control, reproductive health and youth-friendly services, VTC and the prevention of MTCT will be implemented through fixed facilities and outreach clinics. Capacity-building efforts will support the decentralization process at the district level.

33. This programme has four projects: (a) child health; (b) women's health and prevention of MTCT of HIV; (c) youth-friendly health services and VTC; and (d) support to health sector reform.

34. **WES**. This programme aims to: (a) improve national WES policies and guidelines to include the two Conventions; (b) strengthen and support the successful implementation of SWAP/SIPs in the WES sector; (c) improve hygiene practices, sanitation and access to safe drinking water in schools, health centres and communities in the focus areas; (d) support capacity-building at district and subdistrict levels for back-up support to community-based management of WES facilities in each community of the focus districts; and (e) strengthen capacity at national, district and community levels for effective sector coordination, monitoring and evaluation.

35. The above objectives will be achieved through the following six strategies. Through advocacy and social mobilization for child rights to WES, at the national level, the programme will continue to use sector analysis studies, data from monitoring surveys and participatory consultations to formulate appropriate policies and strategies and advocate for sanitation and hygiene facilities and water supply development in schools. This will include the provision of pertinent information and skills for safe behavioural practices. Through the catalytic support to the expansion of services, strategic partners (United Nations agencies, NGOs, the private sector) will accelerate the expansion of water and sanitation service coverage to build district- and community-level capacities. The promotion of intersectoral linkages and integrated programme delivery strategy will strengthen linkages, and coordinate and reinforce interventions that provide synergy, particularly with activities related to ECC, health, nutrition and education. Capacity-building will be at national, district, community and family levels, as an essential pillar for accelerated delivery and community-based management of WES services. The empowerment of communities and households, especially women, and gender-sensitive approaches will empower communities and householders, especially women, with the requisite knowledge, skills, tools and pertinent supportive measures to help them identify, overcome and manage WES problems. The emergency preparedness, contingency planning and response strategy will support, in the context of UNDAF, the operationalization of the National Disaster Preparedness and Mitigation Plan that is under preparation; and the development of district-level operational plans to

preserve women's and children's rights to safe water and sanitation and to minimize their risk to related diseases in case of emergencies. In close collaboration with other concerned agencies (WFP, WHO, UNDP, NGOs), the programme will provide assistance in water supply, environmental sanitation and hygiene education to external implementing partners.

36. The WES programme has three projects: (a) capacity-building for sector reform; (b) integrated water, sanitation and hygiene education promotion; and (c) school sanitation and hygiene. For resource mobilization and expansion of services, collaboration will be with NORAD, the Australian Agency for International Development, the German National Committee, DfID and the World Bank, and partnerships with World Vision, Adventist Development and Relief Agency, Africare and more recently Plan International, in the context of the sector reform.

37. **Cross-sectoral costs** will support costs related to activities in support of the country programme as a whole, e.g. posts, travel and support staff, in areas of general logistics, staff security and intersectoral training.

Monitoring and evaluation

38. The integrated monitoring and evaluation (IMEP) and the programme and project logical frameworks are the principal monitoring and evaluation tools. Indicators for each programme are provided in a log-frame. They will be updated during the annual reviews and consolidated under the responsibility of the monitoring and evaluation officer. The IMEP for 2002-2006 includes: a study on early learning to establish a baseline; a survey on immunization coverage; an evaluation on the impact of HIV/AIDS and MTCT interventions; and an end-cycle evaluation. Joint field visits for monitoring purposes will be organized on a regular basis. Programme monitoring findings and implementation will be part of sections' meetings to ensure that findings are shared and recommendations effectively implemented. The progress of the overall country programme will be monitored in terms of achievements, effectiveness through mid-year and annual reviews under the overall supervision of the Government of Malawi/UNICEF Coordination Committee, established at the central level by the Ministry of Finance and UNICEF. ChildInfo will be expanded as a tool to assess and analyse the situation of children. This will be done in close collaboration with the National Statistic Office of Malawi, which will maintain the ChildInfo database, in line with the CCA database and the monitoring arrangements outlined in the UNDAF.

Collaboration with partners

39. A number of CSOs, NGOs and the media have facilitated UNICEF advocacy for HRAP/CCD during the past country cycle. Strategic partnerships and alliances will continue with most of them as well as with members of Parliament, the judiciary, law enforcement authorities, religious and traditional leaders, district authorities and community-based groups, in the context of the Global Movement for Children. In particular, collaboration with international NGOs such as Save the Children Alliance, Plan International, Canadian Physicians for Aid and Relief and local human rights advocates (Human Rights Commission, Centre for Human Rights and Rehabilitation, National Initiative for Civic Education, Malawi Centre Advice and Resource Centre, Council for NGOs and AIDS clubs) will be enhanced.

40. UNICEF will continue to seek synergy and complementary collaboration among donors. For example, while DfID, the Japan International Cooperation Agency (JICA) and German Technical Cooperation (GTZ) are funding the supply component of EPI, UNICEF will fund training and other software components together with WHO. Existing development cooperation with the AIDS Coordination group members will also continue, notably for the implementation of the "Agenda for Action". In the context of the SIP/SWAP in education, UNICEF will work with NORAD, DfID, USAID, CIDA, DANIDA and the Government of the Netherlands; in water and sanitation with CIDA, NORAD, the World Bank and JICA; and in health, including support to the HIV/AIDS strategic plan, with USAID, DfID, NORAD and GTZ. Collaborative programming with United Nations agencies will continue using the UNDAF framework and United Nations theme group mechanisms to define priorities. For example, UNFPA, WFP and UNICEF will work together in education and youth to ensure that community schools have access to school feeding, water, sanitation and hygiene education; teach life skills; and ensure that adolescent girls remain in schools. While all United Nations agencies, particularly the UNAIDS co-sponsoring agencies, will support implementation of the National HIV/AIDS Strategic Plan, UNFPA and UNICEF will accelerate UNCT support to VTC for young people. UNICEF, UNFPA and WHO will assist in the implementation of the MTCT national plan. WHO, UNICEF, WFP and FAO will jointly support IMCI and nutrition activities.

41. DfID, NORAD, the Government of the Netherlands, USAID, DANIDA, CIDA, the German Credit Bank and National Committees for UNICEF have pledged funds, or have indicated potential support to the new country programme. The office will maintain close contact with these partners to provide them with relevant information that may facilitate mobilization of the required resources.

Programme management

42. The Government and UNICEF share responsibility for the planning, monitoring and evaluation of the proposed programme of cooperation, while the Government has primary responsibility for implementation. The Government and UNICEF will collaborate with NGOs, CBOS or other institutions to implement certain project activities. The Ministry of Finance and Economic Planning will be responsible for overall coordination of Government involvement in the programme of cooperation, in particular, financial accountability and overall resource management. The Ministry of Finance will ensure adequate coordination of programme inputs from other donors in order to ensure maximum impact.

43. The Ministries of Health and Population; Education, Science and Technology; Gender, Youth and Community Services; Agriculture; Water Development; Local Government; Youth and Culture; and other government agencies involved in implementation will designate a project manager and technical working group to oversee national-level activities. These working groups will report to the Joint Consultative Committee. All projects will be fully integrated with other district-level development programmes.

44. The Government and UNICEF will jointly develop annual programme plans of action, which are the main programme management tool, following a formal annual review, which sets for the relevant year objectives, indicators, milestones, a list of activities, budget requirements and timeframe. The Government project managers will be responsible for the planning, budgeting and release of financial and material inputs for activities. Collaboration with NGOs will be governed by standard tripartite agreements.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Malawi	(1999 and earlier years)		UNICEF country classification
Under-five mortality rate	188	(2000)	Very High U5MR
Infant mortality rate	117	(2000)	Very High IMR
GNP per capita	$ 180	(1999)	Low Income
Total population	10.6 million	(1999)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	255	341	466	518
Infant deaths (under 1)	(thousands)	48	54	68	61
Under-five deaths	(thousands)	84	90	112	97
Under-five mortality rate (per 1,000 live births)		330	265	241	188
Infant mortality rate (under 1) (per 1,000 live births)		189	157	146	117

		About 1990	Most recent
Underweight children (under 5)	Moderate & severe	27	25
(% weight for age, 1992/2000)	Severe	8	6
Babies with low birth weight (%, 1987)		20	..
Primary school children reaching grade 5 (%, 1990/1994)		64	34

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1992/1995)	3	11
Timely complementary feeding rate (6-9 mos.) (%, 1992/1995)	88	78
Continued breast-feeding rate (20-23 mos.) (%, 1992/1995)	56	68
Prevalence of wasting (0-59 mos.) (%, 1992/2000)	5	6
Prevalence of stunting (0-59 mos.) (%, 1992/2000)	49	49
Vitamin A supplementation coverage (%)	..	..
Household consuming iodized salt (%, 1995)	..	58

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 1996)		..	70
Routine EPI vaccines financed by government (%, 1998)		..	2
Use of improved drinking water sources	Total	49	57
(% of population, 1990/2000)	Urban/rural	90/43	95/44
Use of improved sanitation facilities	Total	73	76
(% of population, 1990/2000)	Urban/rural	96/70	96/70
Births attended by trained personnel (%, 1992)		55	..
Maternal mortality rate (per 100,000 live births, 1992)		620	..

Immunization		1981	1985	1990	1995	1999
One-year-old (%) immunized against:	Tuberculosis	86	87	97	97	84
	DPT	66	55	87	89	84
	Polio	57	55	93	90	74
	Measles	64	49	80	90	83
Pregnant women (%) immunized against:	Tetanus	0	21	76	78	81

TABLE 1 (continued)

Malawi

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net) (%, 1992/1994,1990/1995)	Total	84/50	134/83
	Male	88/52	141/83
	Female	80/48	127/83
Secondary enrolment ratio (gross/net) (%, 1992/1995)	Total	9/..	16/..
	Male	12/..	21/..
	Female	6/..	12/..
Adult literacy rate, 15 years & older (%, 1990/2000)	Total	52	60
	Male/female	69/36	75/47
Radio/television sets (per 1,000 population, 1990/1997)		214/..	258/..

DEMOGRAPHIC INDICATORS		1970	1980	1990	1999	2000
Total population	(thousands)		4518	6183	9434	11030	11308
Population aged 0-18 years	(thousands)		2386	3331	5031	5860	6002
Population aged 0-5 years	(thousands)		888	1244	1818	2019	2054
Urban population (% of total)			6.0	9.1	13.2	23.0	24.1
Life expectancy at birth (years)	Total	40	44	45	40	40	
	Male		40	43	44	40	40
	Female		41	45	45	40	40
Total fertility rate			7.3	7.6	7.3	6.6	6.5
Crude birth rate (per 1,000 population)			56	55	49	46	46
Crude death rate (per 1,000 population)			24	23	20	22	23

		About 1990	Most recent
Contraceptive prevalence rate (%, 1992/1996)		13	22
Population annual growth rate (%, 1970-90/1990-99)	Total	3.6	1.5
	Urban	7.6	7.9

ECONOMIC INDICATORS		About 1990	Most recent
GNP per capita annual growth rate (%, 1980-90/1990-99)		-0.1	1.2
Inflation rate (%, 1980-90/1990-98)		15	33
Population below $1 a day (%)		..	..
Household income share (%)	Top 20%/bottom 40%	../..	../..
Government expenditure (% of total expenditure,1987/1992-99)	Health/education	7/11	7/12
	Defense	7	5
Household expenditure (% share of total, 1980 or 1985)	Health/education	3/ 4	../..
Official development assistance: (1990/1998)	$US millions	450	434
	As % of GNP	27	20
Debt service (% of goods and services exports, 1990/1997)		16	9

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1997-2001 a/

COUNTRY: MALAWI
LATEST BOARD APPROVAL: 1996
REGULAR RESOURCES: $ 15,720,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									Regular resources b/		Other resources		Total (RR & OR)	
	RR b/	OR	RR b/	OR	RR b/	OR	RR b/	OR	Actual	Planned	Actual	Planned	Actual	Planned
Health	1,219	6,288	166	439	614	88	1,315	1,958	3,314	3,301	8,773	9,000	12,087	12,301
Care and nutrition	431	233	14	24	211	21	875	932	1,531	2,100	1,210	4,500	2,741	6,600
Youth and education	542	818	36	181	348	66	1,178	3,069	2,104	3,250	4,134	8,250	6,238	11,500
Social policy, advocacy and communication	138	14	98	3	419	0	1,425	213	2,080	2,719	230	1,500	2,310	4,219
Water and sanitation	186	342	233	77	69	110	902	1,583	1,390	1,100	2,112	10,000	3,502	11,100
Programme support	565	2	39	0	907	0	1,862	243	3,373	3,250	245	0	3,618	3,250
GRAND TOTAL	**3,081**	**7,697**	**586**	**724**	**2,568**	**285**	**7,557**	**7,998**	**13,792**	**15,720**	**16,704**	**33,250**	**30,496**	**48,970**

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 21 May 2001.
b/ = Actual RR expenditure includes allocations from global set-aside.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: MALAWI
PROGRAMME CYCLE : 2002-2006

	FUND	2002	2003	2004	2005	2006	TOTAL
HEALTH	RR	1,380,000	1,380,000	1,380,000	1,380,000	1,380,000	6,900,000
	OR	2,992,000	2,992,000	2,992,000	2,992,000	2,992,000	14,960,000
	TOTAL	4,372,000	4,372,000	4,372,000	4,372,000	4,372,000	21,860,000
ECC & SUP. FOR FAMILIES AFFECTED	RR	650,000	650,000	650,000	650,000	650,000	3,250,000
	OR	800,000	800,000	800,000	800,000	800,000	4,000,000
	TOTAL	1,450,000	1,450,000	1,450,000	1,450,000	1,450,000	7,250,000
BASIC EDUCATION	RR	930,000	930,000	930,000	930,000	930,000	4,650,000
	OR	1,588,000	1,588,000	1,588,000	1,588,000	1,588,000	7,940,000
	TOTAL	2,518,000	2,518,000	2,518,000	2,518,000	2,518,000	12,590,000
SOCIAL POLICY, ADVOCACY & COMM.	RR	640,000	640,000	640,000	640,000	640,000	3,200,000
	OR	616,000	616,000	616,000	616,000	616,000	3,080,000
	TOTAL	1,256,000	1,256,000	1,256,000	1,256,000	1,256,000	6,280,000
WATER AND ENVIRON. SANITATION	RR	610,000	610,000	610,000	610,000	610,000	3,050,000
	OR	696,000	696,000	696,000	696,000	696,000	3,480,000
	TOTAL	1,306,000	1,306,000	1,306,000	1,306,000	1,306,000	6,530,000
CROSS-SECTORAL COSTS	RR	533,000	543,000	543,000	543,000	543,000	2,705,000
	OR	332,000	332,000	332,000	332,000	332,000	1,660,000
	TOTAL	865,000	875,000	875,000	875,000	875,000	4,365,000
TOTAL, PROGRAMME BUDGET	RR	4,743,000	4,753,000	4,753,000	4,753,000	4,753,000	23,755,000
	OR	7,024,000	7,024,000	7,024,000	7,024,000	7,024,000	35,120,000
	TOTAL	11,767,000	11,777,000	11,777,000	11,777,000	11,777,000	58,875,000
STAFF COSTS a/		585,639	617,311	664,309	700,953	738,398	3,306,610
GENERAL OPERATING COSTS		197,990	175,540	298,260	271,368	328,739	1,271,897
TOTAL, ESTIMATE SUPPORT BUDGET		783,629	792,851	962,569	972,321	1,067,137	4,578,507
GRAND TOTAL		12,550,629	12,569,851	12,739,569	12,749,321	12,844,137	63,453,507

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4

COUNTRY : MALAWI
PROGRAME : 2002-2006

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH	6,900,000		6,900,000	0	0	0	1	0	0	1	2	1	4	740,540	281,757	1,022,297
ECC & SUP. FOR FAMILIES AFFECTED	3,250,000		3,250,000	0	0	0	1	0	0	1	1	1	3	740,540	179,284	919,824
BASIC EDUCATION	4,650,000		4,650,000	0	0	0	1	0	0	1	1	1	3	740,540	179,284	919,824
SOCIAL POLICY, ADVOCACY & COMM.	3,200,000		3,200,000	0	0	0	1	1	0	2	0	2	4	1,372,110	101,227	1,473,337
WATER AND ENVIRON. SANITATION	3,050,000		3,050,000	0	0	0	0	0	0	0	1	0	1	0	162,353	162,353
CROSS-SECTORAL COSTS	2,705,000		2,705,000	0	0	0	0	2	0	2	2	13	17	1,263,140	703,989	1,967,129
TOTAL RR	23,755,000		23,755,000	0	0	0	4	3	0	7	7	18	32	4,856,870	1,607,894	6,464,764
OTHER RESOURCES :																
HEALTH		14,960,000	14,960,000	0	0	0	1	1	0	2	1	4	7	1,372,110	232,136	1,604,246
ECC & SUP. FOR FAMILIES AFFECTED		4,000,000	4,000,000	0	0	0	0	0	0	0	1	0	1	0	102,473	102,473
BASIC EDUCATION		7,940,000	7,940,000	0	0	0	0	1	0	1	1	1	3	631,570	166,437	798,007
SOCIAL POLICY, ADVOCACY & COMM.		3,080,000	3,080,000	0	0	0	0	0	0	0	0	0	0	0	0	0
WATER AND ENVIRON. SANITATION		3,480,000	3,480,000	0	0	0	0	1	0	1	2	2	5	631,570	299,946	931,516
CROSS-SECTORAL COSTS		1,660,000	1,660,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		35,120,000	35,120,000	0	0	0	1	3	0	4	5	7	16	2,635,250	800,992	3,436,242
TOTAL RR & OR	23,755,000	35,120,000	58,875,000	0	0	0	5	6	0	11	12	25	48	7,492,120	2,408,886	9,901,006
SUPPORT BUDGET	Operating costs		1,271,897													
	Staffing			0	0	1	2	0	1	4	1	6	11	2,734,138	572,472	3,306,610
GRAND TOTAL (RR + OR + SB)				0	0	1	7	6	1	15	13	31	59	10,226,258	2,981,358	13,207,616
Number of posts and staff costs:																
Current programme cycle										12	14	31	57			
At the end of proposed programme cycle (indicative only)										15	13	31	59	10,226,258	2,981,358	13,207,616

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.